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ABSTRACT

A practicum project addressed the problem of separation of generations. An intergenerational program was designed to provide elders at a long-term care facility and children at the on-site daycare center with opportunities to interact with one another for the social and emotional betterment of both groups. Participants in the program included 17 children and 30 elderly adults, 12 from the facility's adult daycare program and 18 facility residents. Daily interactions were either spontaneous, scheduled, or planned special events in a variety of settings including an intergenerational room as well as public areas of the nursing home and adult daycare center. Data were gathered from pre- and post-program surveys completed by the children's parents and the elders, and a post-program director's and administrator's survey. As projected at the beginning of the program, results indicated: (1) the program was beneficial to the children and the elders; (2) the children demonstrated a positive attitude toward the elders; (3) the elderly participants enjoyed the children and the intergenerational program; and (4) the program helped create a home-like, family atmosphere at the long-term care facility. Contains 56 references and examples of the survey instruments. (TJQ)

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The Design and Implementation of an Intergenerational Program at a Private Long-Term Healthcare Facility with On-Site Childcare

by

Marcia Kasper Rosenberg

Cluster 36

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A Practicum II Report presented to the Ed.D. Program in Early and Middle Childhood in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

NOVA UNIVERSITY

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier: Jackie Eiche

Jackie Eiche

Director of Childcare

Whiting, New Jersey 08759

May 28, 1993

Date

This practicum report was submitted by Marcia Kasper Rosenberg under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

APPROVED:

July 27, 1993
Date of Final Approval of Report

June S. Delano
June S. Delano, Ph.D., Adviser

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This writer would first like to thank her family for their extreme patience and support throughout the entire graduate program, especially this final practicum. It must have been irksome living with the clutter of strewn papers, books, and journals not to mention this ruminative writer relating repeatedly how difficult each paper was to write.

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Lastly, this writer would like to express special appreciation to all of those who believe so deeply in the intergenerational concept that they were more than willing to share their time, experience, and materials. Intergenerational programming in a long-term care facility touches the heart. It brings out the humanness and compassion in those of us fortunate enough to witness its magic.

TABLE OF CONTENTS

Page

ACKNOWLEDGMENTS.....iii

TABLE OF CONTENTS.....iv

ABSTRACT.....vi

Chapter

I INTRODUCTION.....1

Description of Community.....1
Writer's Work Setting and Role.....1

II STUDY OF THE PROBLEM.....3

Problem Description.....3
Problem Documentation.....4
Causative Analysis.....5
Relationship of the Problem to the Literature.....7

III ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS.....10

Goals and Expectations.....10
Performance Objectives.....10
Measurement of Objectives.....11

IV SOLUTION STRATEGY.....15

Discussion and Evaluation of Possible Solutions.....15
Description of Selected Solutions.....20
Report of Action Taken.....27

V RESULTS, DISCUSSION AND RECOMMENDATIONS.....35

Results and Discussion.....35
Recommendations.....40
Dissemination.....42

REFERENCES.....44

Appendices

A PRE-PROGRAM PARENT SURVEY.....49
B PRE-PROGRAM ELDER SURVEY.....51

C POST-PROGRAM PARENT SURVEY.....53
D POST-PROGRAM ELDER SURVEY.....55
E POST-PROGRAM DIRECTORS AND
ADMINISTRATOR SURVEY.....57

ABSTRACT

The Design and Implementation of an Intergenerational Program at a Private Long-Term Healthcare Facility with On-Site Childcare. Rosenberg, Marcia Kasper, 1993: Practicum II Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Adult Day Care/Child Care/Early Childhood Education/Intergenerational Programs/Long-Term Care/Nursing Homes/Older Adults/Preschool Children/Program Development/Separation of Generations

This practicum addressed the problem of separation of generations. It was designed to provide elders at a long-term care facility and children at an on-site daycare center with opportunities to interact with one another for the social and emotional betterment of both groups. It was projected that the program would be regarded as beneficial to the children and elders; the children would demonstrate positive behavior toward elderly people and the intergenerational experiences; elders would enjoy the children and the intergenerational experiences; and the intergenerational program would result in a more homelike, family atmosphere at the long-term care facility.

Program development was based upon a comprehensive literature search for philosophical approaches and recommendations. The program stressed protecting the prestige of elders; the importance of good communication; concern for the welfare of the children; the need for intrinsic and extrinsic rewards; and the necessity of a wide variety of activities from which the elders could choose. Daily interactions were either spontaneous, scheduled, or planned special events in a variety of settings including an intergenerational room as well as public areas of the nursing home and adult daycare center.

Outcomes of this practicum were very positive, as shown by surveys and observations. All 17 parents indicated that their children experienced intergenerational contact at least 3 out of 5 days, with 14 out of 17 regarding the program as beneficial. All 30 elderly participants expressed feelings of enjoyment regarding the children and the intergenerational program, although only 19 elders were able to participate the desired minimum of 2 times in 5 days. The administrators and directors involved all regarded the program as beneficial and an important asset in creating a more homelike, family atmosphere. Lastly, all of the children demonstrated positive behavior toward elderly persons and the intergenerational program. Program continuance was assured.

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May 28, 1993 — Marcia Kasper Rosenberg

CHAPTER I

INTRODUCTION

Description of Community

This practicum took place in a small township in the northeastern United States. Situated about one hour's drive from Philadelphia, New York, and Atlantic City, this 82-square mile community was primarily a residential one. Approximately 88% of the housing was occupied by senior citizens and included four nursing homes with a fifth under construction as well as numerous condominiums, apartments, and private homes. Senior citizen housing was the township's major industry (personal communication, township clerk, May 27, 1992).

According to the 1990 census, the township had 35,976 residents, 31,593 of whom were over the age of 65 and 1,116 of whom were 5 years of age or younger. The median age of the total population was 68.2 years and the median household income was $20,790. The population was racially represented by 34,460 whites; 1,176 blacks; and 340 others including Hispanic, Asian, and American Indian (U.S. Department of Commerce, 1991).

Writer's Work Setting and Role

This writer was an educational consultant at an on-site daycare center for children from infancy to 5 years of age. Housed in a long-term healthcare facility for the elderly, the children's center was originally established in the

Spring of 1991 as an enticement to improve staff recruitment and retention. Being one of two daycare centers in the township, it later opened to the public as well, and the preschool grew to 17 children ranging in age from birth to 5 years. The children's daycare center was open 7 days a week from 6:30 a.m. to 6:30 p.m. Besides the director/teacher, there were four full-time teachers and one substitute teacher.

In January of 1993, the children's daycare center underwent some changes due to financial difficulties. It remained open only Monday through Friday, from 7:00 a.m. to 6:00 p.m., and experienced a staff reduction of one full-time teacher. Only children 2 1/2 to 5 years of age were accepted into the program, although 7 children under the age of 2 1/2 were allowed to remain. Four months after this reorganization, 20 children ages 2 to 5 were enrolled.

The healthcare facility opened its doors in the fall of 1990 and could provide for 180 residents and 40 adult daycare participants. There were over 200 people on staff working in nine different departments as well as several consultants, including doctors and social workers.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

The children at this daycare center and the elders at the long-term healthcare facility did not often have opportunities to interact with one another for mutually beneficial, enjoyable, and meaningful experiences. Housed in two separate areas of the same building, the children and the elders went about their daily routines practically oblivious to one another. Both groups were thus deprived of the social and emotional benefits of intergenerational experiences.

Additionally but in a larger context, both the children and the older people in today's society were too often isolated from one another. Separated both geographically and emotionally, senior citizens often lived in facilities which catered to their needs while the young spent much of their days cared for in daycare centers and schools. American society had changed from an age-integrated one where the extended family played an important part in teaching children about family history, nurturance, morals, cultural traditions, and socialization to an age-segregated society where traditional forms of contact between generations were limited or non-existent.

This separation of generations coupled with an ever-lessening status or devaluation of elderly persons within our society had resulted in the decline of life satisfaction

among our senior citizens who often felt lonely, unneeded, and non-productive. Children frequently developed negative attitudes and stereotypes toward older people and a fear of aging in general. They too often lacked the special care, attention, interest, and love that elderly family members could give. In addition, children's negative beliefs and the lack of support and nurturance which the older generation could provide may, in the future, affect the way these children care for dependent parents and even how they view themselves when they too become elderly. As Bronfenbrenner (1973) warned, "...the phenomenon of segregation by age and its consequences for human behavior and development, pose problems of the greatest magnitude for the Western world in general and for American society in particular." (p. 116)

Problem Documentation

The existence of this problem was documented in part with a survey completed by the parents of the children in the daycare center to determine the frequency of contact between their children and the children's grandparents or other elderly people (see Appendix A). At the time the survey was distributed, 17 children were enrolled in the childcare program. Results of this survey indicated that the parents of 10 out of the 17 enrolled children stated that their children had infrequent or no contact with their grandparents or other senior citizens.

In addition, a survey was taken of the elderly people

at this healthcare facility to determine their interest in, and opportunities for, interaction with young children (see Appendix B). Results of this survey showed that out of 206 residents and adult daycare participants, 30 stated that they would enjoy spending time with young children. Of these 30, 18 indicated that they infrequently saw their grandchildren or great-grandchildren or had none.

The existence of this problem was further documented by informal conversations with the administrator for the healthcare facility and the director of children's daycare. Both indicated a need and desire for some type of intergenerational program. The administrator felt that intergenerational experiences might be able to brighten the lives of the elders and create a more homelike, family atmosphere. The director stated that she believed an intergenerational program could benefit the children by giving them more attention and helping them learn about aging and elderly people.

Causative Analysis

A major factor related to the cause of the problem was that economic and social patterns in the United States had undergone drastic change within recent decades. Single mothers, divorce, separation, occupational mobility, economic uncertainty, and technological advances had all contributed to a nuclear rather than an extended family structure and the isolation of old from young. No more the three-generation family under one roof where the elderly

family members were valued and needed for their experience and wisdom. Today's fragmented family no longer benefitted from the natural ways the generations used to interact.

A second factor related to the cause of the problem was the ever-increasing numbers of mothers entering the workforce for both economic and personal reasons. Decades ago, care of the children would have been assumed by the grandparents. Today, alternative sources of care must be found, including daycare centers which usually limit the children's contact to homogeneous age ~~groups~~ participating in age-segregated activities.

Thirdly, the older population in the United States had been growing much faster than the population as a whole and will continue to do so. As a result, ever-increasing numbers of elderly people will live in retirement communities and healthcare facilities, further limiting contact between generations.

Other factors related to the cause of the problem were within the healthcare facility itself. While staff members working in childcare and eldercare at this writer's workplace were capable and highly competent, no one had the time to bring these two groups together. Though professing interest in such an endeavor, staff members feared that planning, organizing, and coordinating an intergenerational program would be too time consuming for their already stressed work schedules.

Lastly, the directors of children's daycare, adult

daycare, and residents' activities at this healthcare facility would have liked to provide intergenerational activities. However, they had not been given the program, techniques, nor materials necessary to conduct meaningful intergenerational experiences.

Relationship of the Problem to the Literature

Most children were found to have very limited or no contact with elderly people, including grandparents and great-grandparents. In their study funded by a grant from the American Association of Retired Persons and the National Retired Teachers Association, Jantz and others (1976) found that of 180 children between the ages of three and 11, few had any contact with older persons, either within or outside of the family unit. Furthermore, limited or non-existent contact with elderly people resulted in children's accepting stereotypic myths about aging and fearing their own aging (Block, 1985; Burke, 1982; Jantz and others, 1976; Jantz, Seefeldt, Galper, & Serock, 1977; Seefeldt and others, 1979; Seefeldt, Jantz, Serock, & Bredekamp, 1982; Serock, Seefeldt, Jantz, & Galper, 1977).

Hickey and Kalish (1968) warned that children's negative attitudes toward elderly people can develop very early in life and will strongly influence the way these children care for their own parents when they become elderly. Kivnick (1982) concurred, adding that the absence of a meaningful grandchild-grandparent relationship may affect the child's relationships in the future as a parent,

grandparent, and great-grandparent as well.

Age separation not only affected the younger generation but the older one as well. Several studies had shown that older persons' decline in life satisfaction may be connected to separation between the generations (Baum, Newman, & Shore, 1982; Comfort, 1976; Lyons and others, 1985; Newman, 1982; Seefeldt, 1977). Many elderly people experienced feelings of loneliness, uselessness, and inadequacy as they no longer were called upon to give of their wisdom and experience to a younger generation (Lyons and others, 1985; Peters, 1971).

A review of the literature showed there to be several causes for the problem. Tice (1982) and McDuffie (1989b) summed them up most adequately when they explained that forces in today's society separated the generations. Among these fragmenting forces were rapid technological change, changing family structures, senior citizen communities, and occupational mobility. Lyons and others (1985) concurred, finding that increased mobility among families had resulted in the generations being separated in approximately 40 percent of American families. Strom (1988) stressed that accelerated technological advances caused peers to turn to one another for advice rather than the older generation. Respect for the elderly declined as they no longer were viewed as possessing needed wisdom and experience.

The increase in numbers of working mothers was also seen as a direct cause of the problem. Hofferth and

Phillips (1987) noted that by 1995, there would be approximately 15 million preschool children with working mothers, or two-thirds of the projected preschool children's population. Alternative sources of care for these children will include daycare centers, continuing the trend of separation of generations (Lyons and others, 1985).

Another direct cause of the problem was the aging of America. Shield (1988) found that the fastest growing age group in our society was comprised of people over 85 years of age. Fowles (1983) projected that by the year 2030, 27 percent of the population will be over 60 years of age, doubling the percentage in 1980. The California Department of Education (1980) reported that the lifestyles of elderly people often resulted in gradually diminished contact between them and children as they chose to live in communities and housing built exclusively for the old.

Thus, the literature not only gave evidence as to the problem of infrequent or non-existent intergenerational contact but also indicated several causes. These causes were principally the result of forces in our society that moved people apart rather than brought them together, separating children from older family members. This separation of generations caused children to have negative attitudes toward elderly people and to fear aging. It caused the elders to feel useless, lonely, and non-productive. It alienated people of different age groups, especially the young and old (Bronfenbrenner, 1974).

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The general goal of this practicum was to provide the children and the elders at this age-segregated facility with opportunities to interact with one another. These interactions were designed so as to be enjoyable, meaningful, and beneficial for the social and emotional betterment of both groups.

Performance Objectives

The following objectives were projected for this practicum:

Number 1: In a survey, the parents of all 17 children will state that their children have contact with elderly people at least 5 out of 7 days and at least 12 of the parents will view the program as beneficial to their children.

Number 2: In a survey, all 30 elderly participants will indicate that they have contact with children at least 3 out of 7 days and at least 25 of the elderly participants will express feelings of enjoyment regarding the children and the intergenerational experiences.

Number 3: The administrator of the healthcare facility and the directors of the children's daycare facility, adult daycare program, and residents' activities will all regard the intergenerational program as beneficial for the elderly

participants and an important asset in creating a more homelike, family atmosphere at the facility, as indicated in a questionnaire.

Number 4: Fifteen out of 17 children will demonstrate positive behavior toward elderly persons and the intergenerational experiences as shown by informal staff observations and anecdotal notations recorded in staff logs.

However, due to difficulties in the worksite and resultant changes in the children's daycare center, alterations had to be made in the Performance Objectives. With regard to the first objective, it was no longer feasible to expect that the children would have contact with the elders 5 out of 7 days inasmuch as the childcare center was only open 5 days a week. Therefore, this writer revised the first objective to read "...3 out of 5 days...." Similarly, objective Number 2 could no longer read "...3 out of 7 days..." and was changed to read "...2 out of 5 days...." In addition, objective Number 4 could not be demonstrated by the use of "staff logs" but rather audio-taped discussions held in staff meetings. The reader will find further elaboration on the use of audio-tape rather than staff logs on pages 13-14 of this report.

Measurement of Objectives

The objectives were measured by the following evaluation tools:

1. Post-Program Parent Survey - This writer had learned through the Pre-Program Survey that it was very

difficult for the parents to fill out and return a questionnaire. Therefore, the parents were asked to complete the Post-Program Survey (see Appendix C) when they came to pick up their children during the last month of the program. The survey had to be short, clear, and concise and used both the closed form which allowed for quantification as well as the open form which enabled further elaboration, explanation, and clarification. Through this survey, the writer was able to determine the frequency of contact between the children and elderly people and whether the parents viewed the intergenerational program as beneficial to their children.

2. Post-Program Elder Survey - Again, the Pre-Program Elder Survey enabled this writer to see the difficulties incurred in requesting elders to complete a questionnaire. Therefore, the Post-Program Elder Survey (see Appendix D) was designed to be short, clear, and concise using a combination open/closed form. The survey was administered with the help of the directors of adult daycare and residents' activities during the last month of the program. In this way, the writer was able to determine the frequency of contact between elderly persons and the children and whether the elders had enjoyed this contact.

3. Post-Program Staff Survey - The four staff members most affected by an intergenerational program were the administrator of the healthcare facility and the directors of the children's daycare facility, adult daycare program,

and residents' activities. Therefore, a brief questionnaire using a combination open/closed form was given to these four staff members. This questionnaire was able to determine whether or not they regarded the program to be beneficial for both the elders and children and an asset in creating a more homelike, family atmosphere at the healthcare facility (see Appendix E).

4. Staff Logs - All of the staff who participated in this program were asked to keep a log. This log was to include happenings, conversations, and comments of the children, elders, and parents as well as changes in behavior of the children and elderly participants. The staff were cautioned to be as objective as possible in describing, not interpreting, positive and negative interactions. This type of data, both informal and unobtrusive, could yield a great deal of information about a program and whether activities were successful or unsuccessful. A further advantage of a log was that it was ongoing and could thus be a valuable indicator of change. Logs were to be reviewed monthly by this writer to determine any necessary changes in the program.

However, this writer found a great deal of resistance to the keeping of staff logs. Although they had much to talk about in staff meetings, staff members were unwilling to take the time and trouble to convert their observations and anecdotal information to the written word. Therefore, measurement tool number 4 was changed from staff logs to

audio-taped conversations of staff meetings, which proved to be an acceptable alternative.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The children at this daycare center and the elderly people at this long-term healthcare facility did not often have opportunities to interact with one another for mutually beneficial, enjoyable, and meaningful experiences. Both groups were thus deprived of the social and emotional benefits of intergenerational experiences. Possible suggestions and solutions from the literature were numerous.

Several studies had shown that children held negative, stereotypic attitudes toward older people which could be positively changed through regular intergenerational contact (Burke, 1982; Carstensen, Mason, & Caldwell, 1982; Newman, 1982; Rich, Myrick, & Campbell, 1983; Speulda, 1973; Tice, 1982; Whitley and others, 1976). One of the most frequently referred to studies on children's attitudes toward elderly people was conducted in 1976 by Serock, Seefeldt, Jantz, and Galper (1977). The researchers designed a test (The CATE) and asked 180 children between the ages of 3 and 11 how they felt about growing old and elderly people. Results showed that children regarded older people as passive, unattractive, and unproductive. They viewed all old people the same and saw no variation in interests, activities, nor lifestyles. Further, 89 % expressed negative feelings about growing old themselves. Burke (1982) found that negative

attitudes about aging and elderly people formed during the early years of life and might persist throughout life. Therefore, she urged intervention at the preschool level rather than the elementary years. Pratt (1988) concurred, stating "It is always better to prevent than to cure, easier to learn than to unlearn. Thus children should begin at the earliest possible age to develop a healthy and realistic view of aging..." (p. 8)

Children benefitted in many ways from intergenerational programs. Using the same test of children's attitudes toward the elders (The CATE) as the Serock, Seefeldt, Jantz, and Galper study (1977), Dellmann-Jenkins, Lambert, Fruit, and Dinero (1986) designed an intervention program on aging for 30 children between the ages of 3 and 4 years. The researchers found that after intervention, 3- and 4- year-olds' perceptions of the way elderly people looked and behaved were positively altered. Lyons (1986) found benefits in learning, behavior, emotional growth, and socialization resulted from 64 intergenerational programs throughout Pennsylvania. Lambert, Dellmann-Jenkins, and Fruit (1990) developed an intergenerational program for 15 preschoolers which resulted in increased prosocial behaviors toward elders, particularly with regard to sharing, helping, and cooperating. Lowenthal and Egan (1989) found that as a result of their intergenerational program involving 53 children between the ages of 15 months and 6 years, their teachers saw an increase in children's self-esteem.

Similarly, Tice (1985) found that intergenerational programs resulted in increased self-esteem and positive attitudes toward aging for the children.

Other studies showed that programs which brought children and elderly people together were beneficial for the elders (Carstensen et al., 1982; Hegeman, 1985; Lyons and others, 1985; Newman, 1985; Robbert, 1981; Sparling & Rogers, 1985; Speulda, 1973). Lyons (1986) reported that elderly participants in various intergenerational programs expressed increased feelings of happiness, self-confidence, self-esteem, and life satisfaction. Tice (1982) noted that intergenerational programs enabled the elderly participants to feel useful. She explained that their new contacts and interests brought about by these programs often improved the physical and mental health of the elders.

Whitley and others (1976) reported an increased readiness of old people to get up and dressed because children were visiting their nursing home. The elders paid more attention to their personal appearance. Notable also was the fact that family members of the elderly residents found visiting easier and more enjoyable when the children were present. Whitley and Duncan (1985) also found that elderly people took more pride in their physical appearance as a result of participating in an intergenerational program. Further, the elders ate, slept, and interacted better with each other and their visiting family members.

Several writers urged caution in the design and

implementation of intergenerational programs. Seefeldt (1987a, 1987b) strongly suggested a balance of competent, active, and able elderly people with those who are infirm so as not to reinforce the negative, stereotypic beliefs about aging which children may already hold.

Other researchers warned that attitudes are communicated to children and influence their behavior. Burke (1982) stressed that educators need to be aware of, and strive to reduce, their own prejudices. Seefeldt et al. (1982) recognized that attitudes were subtle but powerful influences of behavior and should be considered when planning intergenerational programs. In their study of 542 people across the nation over the age of 65, these researchers found that while elderly people generally held positive attitudes toward children, some negative attitudes also existed. Interestingly, elderly people with higher educational backgrounds, frequent contact with children, and who had grandchildren under the age of 12 held more positive attitudes toward children than the others. Among the negative attitudes elders held toward children were that they could be overly demanding, needed to be told what to do most of the time, asked too many questions, did not appreciate what they had, and deserved what they received when they were bad.

Still other writers cautioned that the basis for any successful intergenerational program was respect for the involved elders as individuals and valuable contributors to

the program. McDuffie (1989a) stated that simply giving infirm elders in a nursing home a choice of what name the children should use in greeting them was one important way to show respect for their individuality and their decision-making ability. Ginnane (1981) urged that programs seek out feedback from elder participants as part of their evaluation process. He also suggested that formal or informal awards be part of the program to show the elderly participants that their efforts were valued and appreciated. Seefeldt (1985, 1987b) concurred, and recommended that programs provide rewards and recognition for elderly participants. She urged that opportunities for intimate rather than casual contact be provided because such contact was intrinsically rewarding for both children and elderly participants. Seefeldt further suggested that elders be involved in planning and evaluating activities and be able to choose the activities in which they will participate.

In her report of conferences held in Illinois to highlight intergenerational programs and activities throughout the state, Angelis (1990) noted that in one program, unplanned interactions between children and elderly people proved to be of greatest benefit for both groups. She further noted the success of another program in making use of the skills and forgotten talents of the elders, an important aspect of intergenerational programs which several other writers also stressed (Lambert et al., 1990; Pratt, 1984; Seefeldt, 1985; Sugarman & Brown, 1985; Tice, 1985).

When elderly people were able to pass on their knowledge, skills, and talents to children, they felt useful and important. The children also benefitted from this type of interaction as they gained a sense of respect for the individuality and worth of older people.

Further, communication between all participants was regarded by several writers as a key factor in the successful planning and implementation of intergenerational programs (Cook, 1989; Fogel, 1985; Ginnane, 1981; McDuffie, 1985). Cooperation between and among staffs and family members depended upon good communication with all concerned.

Lastly, with regard to the curriculum, McDuffie (1989b) as well as Pratt (1988) noted that teaching preschool children about aging can be successfully integrated into all areas of the regular curriculum. Real life experiences with elderly people helped children see them as individuals rather than stereotypic figures while integrating the concept of aging with language arts, science, or social studies helped children gain an understanding and respect for the aging process. Intergenerational curriculums have been written for preschool children to assist in teaching them about the continuity of life, including Growing Together created by Building Bridges (1990) and Share It With the Children edited by C. Mack and J.O. Wilson (1989).

Description of Selected Solution

The solution to this problem was an intergenerational program based upon the many suggestions and recommendations

found in the literature. With regard to the curriculum, teachers provided concrete experiences integrated into the regular curriculum to help children learn about aging and the life cycle (McDuffie, 1989b; Pratt, 1988). This writer met with the director and staff of the children's daycare facility and examined the curriculum to determine learning experiences which would fuse with traditional subject matter. Occasional curriculum on aging was added to the children's schedule, using Growing Together created by Building Bridges (1990) and Share It With the Children, edited by C. Mack and J.O. Wilson (1989) to assist in teaching about the continuity of life. In addition, simulation exercises were used with the children to help them learn about some of the physical problems of older people. These simulation exercises included having the children try eyeglasses smeared with vaseline to simulate vision difficulties, listening to someone talk with cotton in their ears to simulate hearing difficulties and trying to walk with some dried lima beans in their shoes to simulate corns and calluses. A wheelchair and walker were brought into the classroom so that the children could become familiar with this equipment as well as experience their use. These experiences helped promote empathy and understanding about the physical handicaps of some elderly people. The curriculum was further enhanced by books which were read and made available to the children. These books depicted elders in positive ways so as to help foster

positive attitudes about aging and elderly people. Such book lists were found in several sources including Intergenerational Activities Program Handbook, 3rd edition, edited by McDuffie and Whiteman, (1989); Growing Together created by Building Bridges (1989); and Share It With the Children edited by Mack & Wilson (1990).

Interactions between generations took place on three levels: spontaneous, scheduled activities, and special events. Although intergenerational programs must be carefully planned, spontaneous interactions could often be very rewarding (Angelis, 1990). For example, an unscheduled walk through the halls by a teacher with one or two children or a visit to the classroom by a resident taking a walk with an aide were encouraged. Scheduled interactions were planned for on a daily basis. Special events such as a Christmas party and Thanksgiving luncheon were also included in the program. By planning different levels of interactions, this writer hoped many elderly participants and their families would find activities in the program that would be most comfortable for them while providing the children with a variety of learning experiences.

A seldom used smoking lounge in the healthcare facility was converted into an intergenerational room which became known as "Friendship Corner." This room was adjacent to the nurses' station and had an entire wall of windows facing a hallway in the living quarters and another entire wall of outside windows. Not only did this afford the room plenty

of light and fresh air, but it provided opportunities for people to watch the activities taking place and hopefully be enticed to join in on the fun. The room was furnished with appropriate furniture and assorted children's toys, games, puzzles, and books. Childcare staff took some of the children to the intergenerational room daily for planned activities lasting approximately 30 minutes. A weekly schedule of these activities and special events was posted in different areas around the healthcare facility for all to see.

The intergenerational room was also used for one hour on Saturdays and Sundays to facilitate family involvement with the residents. Residents and their children, grandchildren, and great-grandchildren were invited to join children from the daycare center and members of the childcare and resident department staffs in various intergenerational experiences. These experiences ranged from independent to planned activities and a weekly schedule was posted in different areas around the healthcare facility.

However, when the children's daycare center was no longer open on the weekends, the use of the intergenerational room had to be altered. The room was left unlocked and residents encouraged to use the facility and equipment with their visiting children, grandchildren, and great-grandchildren. It was hoped that this would also facilitate family involvement with the residents.

The elders, accompanied by an aide, were invited to visit the children's classroom whenever they wished, guided by a posted weekly schedule of classroom activities. There was appropriate adult furniture in one area of the classroom for visiting elders to use with the children. The elderly visitor was invited to participate actively with the children. Some read to a child, played games, or just held and cuddled a child who wanted extra attention. Others preferred to just sit and watch the children's activities. In addition, the children's outdoor playground was visible to many areas of the healthcare facility and elders watched the children play on the apparatus or joined them for fresh air and pleasant experiences outside.

In the planning and implementation of this program, several important principles were followed. First and foremost, the prestige of older persons was protected. The children's staff asked what name the elders wished the children to call them. Such a simple act showed respect for their individuality and their freedom to make decisions (McDuffie, 1989a). Further, elderly participants were asked and encouraged to demonstrate or teach the children their special talents, skills, or interests (Angelis, 1990; Lambert et al., 1990; Pratt, 1984; Seefeldt, 1985; Sugarman & Brown, 1985; Tice, 1985). These were determined by questionnaires (see Appendix B). In this way and through their suggestions, the elders helped determine program activities. In addition, active participants were invited

to attend staff planning meetings. Lastly, elders were encouraged to participate in the activities they selected with the age group that interested them most, facilitated by posted activity schedules (Seefeldt, 1985, 1987b).

The second important principle which was followed in this program was that communication between and among all participants and family members was considered vital (Cook, 1989; Fogel, 1985; Ginnane, 1981; McDuffie, 1985). Meeting regularly with this writer were the directors of childcare, adult daycare, and residents' activities joined monthly by remaining participating staff and active interested elders to plan and evaluate activities together. Each of the directors understood the other's roles and concerns. Further, regular inservice training sessions for all staff participants were held to ensure that each understood the other's area and worked together. Elderly participants received feedback from the childcare staff and the staff sought feedback from the elder participants regarding activities, suggestions, concerns, and other aspects of the program (Ginnane, 1981; Seefeldt, 1985, 1987b).

Open communication was extended to families of participants as well. A letter of explanation about the program was sent home to all of the children's parents. In addition, the program was discussed at the parent meeting prior to the onset of the program. Monthly newsletters to the children's parents and the families of the residents and adult daycare participants contained invitations to special

events and schedules of activities. Descriptions and photographs of the activities and experiences which had occurred the previous month were also contained in the newsletters.

The third principle upon which this program was based concerned the welfare of the children and was considered to be of utmost importance. Selective recruitment of active and/or frail elderly people who enjoyed life and were willing to share their time with children ensured that no adult participant presented a threat to the physical and emotional well-being of the children. Elders who were potential participants had their charts reviewed by the directors of residents' and adult daycare activities in consultation with the director of childcare. Because of physical, mental, or emotional impairments, participation by some elderly residents and adult daycare participants was deemed unsuitable. In addition, all intergenerational activities had the appropriate numbers present of childcare staff as well as staff members of the residents' and adult daycare departments.

The fourth principle underlying this intergenerational program was that contact not be just intrinsically rewarding for both age groups but extrinsically as well (Ginnane, 1981; Seefeldt, 1985, 1987b). Local media were invited to both special events and regular activities. Candid photographs were taken frequently, enlarged, and displayed. Videos were taken periodically and shown on special

occasions. Lastly, special gifts were made by the children and presented to elderly participants at special events throughout the year. Through recognition, participation proved to be both pleasant and rewarding for all involved.

The last principle which was followed in this program was that elders were invited to take part in a wide variety of activities with the children. In groups or on a one-to-one basis, the elderly participants were encouraged to share their talents or skills, play games, read a book aloud, participate in an activity, or just watch from the sidelines. When elders chose their roles and the activities they enjoyed, their prestige was protected. When the children saw elders participate in different ways, to different degrees, in different activities, they saw individuals and not stereotypic figures (Angelis, 1990; Seefeldt, 1985, 1987b).

Report of Action Taken

Once approval for this program had been granted, the writer telephoned the State Department of Health and Human Services to determine if there were any State requirements for intergenerational programs. Other than those already imposed upon the healthcare facility, adult daycare center, and childcare center individually, there were no additional State requirements nor regulations.

The writer then met with the administrator of the healthcare facility and the directors of childcare, adult daycare, and residents' activities to discuss plans,

objectives, and concerns. While all plans and objectives were met with enthusiasm and interest, there were two major concerns. Uppermost in the directors' minds was that they not incur additional work duties. All three complained of heavy workloads and needed assurances that any additional responsibilities would be shared equally and kept to a minimum.

Additionally, the adult daycare director and the director of residents' activities were concerned that these planned interactions might not be beneficial to the elders if a child cried or had a temper-tantrum. This concern was easily met by assuring the directors that two teachers would accompany the children to all intergenerational activities. In this way, one teacher could privately attend to the needs of the child having difficulty while the other teacher remained with the group.

The next step was to survey the elders to determine their interests, talents, skills, and hobbies as well as impairments (see Appendix B). With the help of the directors of adult daycare and residents' activities, it was determined which elders were interested in participating and to what extent. Impairments were duly noted on the survey forms as were ideas about how to incorporate the expertise of elders into the program in a way that would interest other elders and the children. However, this survey proved rather time consuming and burdensome for the elders as well as the directors and pointed to the need for short, clear,

and concise questions when using an instrument of this sort in this type of setting.

The intergenerational room was then designed and furnished, as discussed on pages 22-23 of this report. Because the room was originally intended to be used by the residents as a smoking lounge, it was quite simple to convert it to a room that could be shared by children as well. Very little had to be purchased because furniture and equipment were taken from other departments. A rather somber wall-to-wall carpet was replaced with a black-and-white checked vinyl floor which, along with a change of window coverings, brightened up the room considerably.

Meetings were held with the entire childcare staff to discuss the curriculum and activities, as discussed on pages 20-22 of this report. As new children entered the center, it became necessary to repeat some of the activities, like the simulation exercises and acquainting the children with wheelchairs and walkers. It became apparent early on in the program that young children were most accepting, comfortable, and matter-of-fact when dealing with the handicaps and impairments of some of the elders. The regular curriculum was examined and learning experiences added so that children could learn about aging and the life cycle. For example, the planting of seeds enabled the children to watch the stages of growth of a plant and to learn what is needed to assure growth. These experiences were further enriched by the presence of some of the elders

who assisted the children.

A meeting was held with the administrator and directors of childcare, adult daycare, and residents' activities as well as their participating staff members to plan the first month's activities, discuss the importance of good communication and relationships between departments, and appreciate the potential benefits for all concerned of a good intergenerational program. This latter point was facilitated by a slide presentation presented by this writer using slides borrowed from other existing intergenerational programs around the country. The slides enabled the viewers to become more emotionally involved in this new undertaking and sparked their interest and enthusiasm more than mere words could ever have achieved.

Letters were then sent to the children's parents informing them of the new program and included a release form so that their children could participate. Information about the intergenerational program was also included in the monthly newsletters sent to the residents and adult daycare participants and their families. The local newspapers were also informed about the program. The reporters were invited to see the new room and learn about intergenerational experiences firsthand.

Upon completion of the preliminary work, intergenerational experiences began with children participating in simulation activities as discussed on page 21 of this report. These experiences created a good deal of

discussion, which was enhanced by reading the children stories about elderly people. When the childcare director and teachers thought the children were ready, groups of two or three took walks with the director or teachers through the wing of the healthcare center which contained the intergenerational room. Many residents came out of their rooms to meet the children and talk with them for a few minutes. Some family members of the residents joined in also. Ultimately, most of the children and teachers visited the adult daycare center where about 15 participants invited the children to share a snack with them. From these early beginnings, the program grew to some type of daily interactions of 30 minutes or so.

Interactions took place not only in the intergenerational room and adult daycare center but in a variety of settings, depending upon the activity. The corridors of the healthcare center seemed to come alive as the children made their way to the day's intergenerational activity. Many of the elders who were sitting in the hallway would smile, often reaching out to touch the children. Others waved to the children from their rooms. The residents' dining room was the scene of the Christmas party, where the children met with residents, adult daycare participants, family members, and staff to greet Santa Claus, sing Christmas carols, and celebrate the holidays. The residents' activity room was where residents and children enjoyed playing with the pet bird and cat, elders

and children decorated Christmas cookies with sprinkles and frosting, and one of the residents played his keyboard while other residents and children sang along. The playground was where elders played ball with the children, watched the children play on the slides and jungle gym, and an elderly man taught a 2-year-old girl how to ride a tricycle. Occasionally, a resident or two came with an aide to the childcare center to read a book to the children or help them plant seeds in cups so that the seedlings could later be planted outside. Unfortunately, as time went on, visits to the childcare center occurred less often. The interior route the elders had to take included a service corridor that was deemed potentially hazardous. Therefore, the elders were no longer permitted in that area so getting to the childcare center became too difficult for most of them. Nevertheless, wherever interactions took place, however brief or long, planned or spontaneous, they were enriching and beneficial.

Throughout the remaining months, inservice meetings were held with the participating staff of the childcare and elder care centers as well as interested family members. Although elders who frequently participated in the program were also invited, none ever came to the meetings and family members only came twice. These meetings became enjoyable affairs when pictures and experiences were shared by all. Problems were discussed and future plans made. Although this writer originally intended to conduct weekly planning

sessions with the directors involved, it became unnecessary to hold meetings that often. Special events like the Christmas party and Easter egg hunt were scheduled and worked on by all three directors and their staffs together, often during lunch. It was during these special events that videos of previous interactions were enjoyed by all. Daily activities eventually worked into a routine which included two visits a week with the adult daycare participants and three visits a week with the residents. Although the childcare department was always involved in planning activities, the directors of adult daycare and residents' activities were only involved when their participants met with the children. Informal rather than rigid planning meetings worked best for all concerned unless it was a special event which required more organization.

Updated schedules of intergenerational activities were posted throughout the healthcare, adult daycare, and childcare centers and included in all newsletters. Candid photographs were often taken and pictures were displayed and enjoyed by all groups. A video camera was used to record many of the activities and shown at special events, like the Christmas party, to the enjoyment of everyone.

Originally, the childcare center was open 7 days a week and intergenerational activities were scheduled for one hour on Saturdays and Sundays. Only a few of the children participated on the weekend but were often joined by residents and visiting family members with young children.

Art activities such as "spin art" and "playdough" as well as informal use of the toys and equipment in the intergenerational room were most successful. However, before long the childcare center was closed on weekends but the intergenerational room was made available to the residents so that their younger family members might find visiting easier and more enjoyable. Several of the residents and their families have enjoyed this option.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Results and Discussion

This practicum was designed to help address the problems brought about by one of the most unnatural occurrences in our society today, that of separation of generations. Children and elderly people are too often separated both geographically and emotionally from one another and thus lack the advantages enjoyed by an extended family in an age-integrated society.

Although elders at this long-term healthcare facility and the children in the on-site daycare center shared the same address, they shared little else. Housed in separate areas of the same building, they rarely came into contact with one another. Both groups were thus deprived of the social and emotional benefits of intergenerational experiences.

This writer's solution to the problem was to provide the children and the elders at this age-segregated facility with opportunities to interact with one another. These interactions were designed so as to be enjoyable, meaningful, and beneficial for the social and emotional betterment of both groups.

The following objectives projected for this practicum and the resultant outcomes are as follows:

1. In a survey, the parents of all 17 children will state that their children have contact with elderly people

at least 3 out of 5 days and at least 12 of the parents will view the program as beneficial to their children.

While the program began with 17 children, 4 months later 20 children were enrolled in the center. Therefore, this writer used the first 17 surveys that were returned to measure this objective. The objective was attained with the parents of 17 children indicating on the survey that their children did indeed have intergenerational contact at least 3 out of 5 days. Further, 14 of these parents indicated on the survey that they felt the program was beneficial to their children. Three parents indicated that they were unsure. One parent noted that her son seemed to be more outgoing and liked participating in the program. Another parent wrote that her daughter like to bring favorite things from home to show the "grandmas and grandpas." Two parents indicated that their children really liked the lady who "played the spoons" and one youngster showed everyone who came to his home how he could "play the spoons" as well.

2. In a survey, all 30 elderly participants will indicate that they have contact with children at least 2 out of 5 days and at least 25 of the elderly participants will express feelings of enjoyment regarding the children and intergenerational experiences.

Like the children, in the later months more elders participated in the program than anticipated, so this writer used the first 30 surveys that were completed to measure this objective. Of these 30 surveyed, 12 were from the

adult daycare program and 18 were from the residents. While all 30 participants expressed feelings of enjoyment regarding the children and the intergenerational experiences, only 19 elders participated at least 2 times a week. The remaining respondents only participated once, sometimes twice a week.

Upon closer examination, the writer found several reasons for this less frequent participation. The adult daycare group usually invited the children to their meeting room twice a week. Unless a special activity was planned elsewhere, contact on the remaining 3 days was usually held in the intergenerational room with the residents. Because the room is small, no more than 6 elders could come at any one time. Only a few residents would request participation on any particular day. Usually, aides were told by the director of residents' activities to see if particular residents would like to participate that day. The activities director kept a record of who participated when so that all who were qualified and interested could participate at least once, sometimes twice a week. Thus, out of necessity, participation was limited.

3. The administrator of the healthcare facility and the directors of the children's daycare facility, adult daycare program, and residents' activities will all regard the intergenerational program as beneficial for the elderly participants and an important asset in creating a more homelike, family atmosphere at the facility, as indicated in

a questionnaire.

This objective was met fully. Comments by the directors were especially revealing. One noted the elders' faces seemed to come alive when they were with the children. They wrote the elders smiled and laughed more. One director said that conversations with other residents took on a more enjoyable tone as they shared their experiences with the children. She added that the daughter of one of the new residents thought the intergenerational room was wonderful and urged her mother to meet with the children everyday. Another director said the elders told her they loved the children, enjoyed the energy of the children, and thought they were so smart. The director of childcare noted how beneficial the program was when she saw an elder tie a child's shoe for him and help him put on his sweater. The director felt the elder had to feel needed and useful once again.

4. Fifteen out of 17 children will demonstrate positive behavior toward elderly persons and the intergenerational experiences as shown by informal staff observations and anecdotal information recorded in audio-taped conversations.

This objective was met fully as positive comments abounded regarding the behavior of all of the children. One staff member told of a usually boisterous, energetic boy's ever so gently placing a foam basketball in the hands of a reluctant elder as he kindly urged him to throw the ball

into the basketball hoop. Another staff member told about the time an adult daycare participant with Alzheimer's disease showed a 3-year-old boy how to use a magnifying glass. The child listened and watched intently, never seeming to mind that the elder would occasionally refer to him by the wrong name, which was his grandson's name.

The director spoke of the children's willingness to participate and anticipation of the day's intergenerational activities. She also spoke of her 2-year-old son's hugging and kissing many of the elders. Further, she told of a little girl who so willingly shared the raisins that she was eating with several of the elders in the room. Another teacher mentioned that she also felt one of the older boys shared better as a result of the program.

There were no reports of any child demonstrating negative behavior toward elderly people nor any of the intergenerational experiences. All conversations with staff members were positive expressions of enjoyable, rewarding, and beneficial experiences for everyone involved.

This writer can, therefore, assert with confidence the value that this intergenerational program held for its participants. Staff and family members attested to the success of the program. The children learned about the aging process of all living things. They learned that older people are all individuals with difference handicaps, limitations, talents, and skills. Hopefully they will be better prepared to care for their own parents when they

become elderly and to deal with their own aging as well.

The elderly residents enjoyed a more homelike, family environment. The children's zest for living and learning made the nursing home and adult daycare center come alive with a vitality unique to the young. Life at this long-term care facility became more like the real world outside that many of the residents relished and deeply missed, especially the contact with children that used to be so much a part of their lives.

Recommendations

Based upon an analysis of the outcomes of this practicum, the following recommendations are made to others considering replicating this program. It is hoped that this advice might further increase the program's effectiveness.

Perhaps the single most vital factor requisite for successful implementation is communication. Participating staff and elders must have ample opportunities to communicate their concerns, ideas, opinions, and suggestions. Parents must have more than just a letter of explanation about the intergenerational program. They must frequently be assured that safeguards are in place which insure the safety and well-being of their children. The major concern frequently voiced by parents was that their children not be exposed to communicable diseases which the elders might be carrying. Assuring the parents that proper precautions were taken was not as effective as explaining in detail the exact procedures used. This included daily

health checks by the nurses when adult daycare clients arrived at the healthcare center and daily approval by the floor nurses of the residents who were scheduled to participate in the day's intergenerational activities.

Another important factor necessary for successful implementation of this program is flexibility. Illnesses or other problems frequently interfered with scheduled experiences, sometimes only minutes before the planned activity. On one occasion the entire wing of the healthcare center where the intergenerational room was located had to be quarantined for 2 weeks. As a result, all intergenerational activities during that period had to be held in the adult daycare center. On two other occasions an elder was scheduled to play the keyboard but changed his mind at the last minute.

Flexibility was also often called for during an activity that proved not to be enjoyable for either the children or the elders. Perhaps activities might be too strenuous for the elders present or not stimulating enough for the children. Alternative experiences should always be planned for just such an occasion. However, one must also keep in mind that the activity itself is not the product but only the process by which the children and elders come physically and emotionally close to one another. Often, unplanned times with the toys and books in the intergenerational room proved most rewarding for both age groups.

Lastly, this writer found a rather active turnover in staff, children, and both elder groups. This necessitated repeating several introductory activities on different occasions, especially the simulation activities with the children.

Thus, communication, flexibility, and an alertness and sensitivity to changing populations are all factors which should be remembered when implementing an intergenerational program at a long-term care facility. With careful planning and coordination, this program can make a significant contribution to the quality of life for children, elders, and those staff members fortunate enough to participate in such an endeavor.

Dissemination

Summary articles about this program have already been written in the local newspapers. In addition, an article by this writer discussing research and the program will be published in the winter 1993 or spring 1994 issue of The Journal of Long-Term Care Administration. This journal is a publication of the American College of Healthcare Administrators and features the foremost research, developments, innovative trends in long-term care, and case studies of successful programs. The writer is preparing to submit additional articles about the program to other professional publications concerned with long-term care.

A copy of this practicum has been given to the central dissemination library, Age Share, at the Center for

Understanding Aging in Connecticut. This writer has become a part of their resource persons' data base as a result of her work in intergenerational programming and will be sharing information and assistance on the topic with others across the country.

Lastly, because of the success of this program and the interest shown in intergenerational programming by professionals in long-term care, this writer plans to form a consulting firm which will institute this program in long-term care centers throughout the state.

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APPENDIX A
PRE-PROGRAM PARENT SURVEY

WE WOULD VERY MUCH APPRECIATE YOUR TAKING A MOMENT TO FILL OUT THIS FORM SO THAT WE MAY BETTER MEET YOUR NEEDS AND THOSE OF YOUR CHILDREN.

Name_____Dept._____

1. How many children would be using the Child Care Center?____

   Child's Name_____Child's Age_____

2. In what type of childcare arrangements are your children presently? Parent or relative_____
   Nonrelative in your home_____
   Family daycare (in sitter's home)_____
   Center program_____
   Public school_____
   Other_____

3. If you may be interested in our Child Care Center, please indicate the days and times which would best accommodate your schedule. The Center Schedule is:
   6:30 a.m. to 6:30 p.m. 7 days a week

   _____
   _____
   _____

4. Are there people over 65 living in your household?
   Yes_____No_____

5. Do your children see their grandparents or great-grandparents?
   Yes_____No_____ If yes, frequently or infrequently?_____
   _____

6. Does your child have close contact with anyone over 65 who is not a family member or not living in your home? Yes_____
   No_____ If yes, please explain_____
   _____
   _____

PLEASE FEEL FREE TO VISIT THE CHILD CARE CENTER AT ANYTIME.

PLEASE RETURN THIS FORM TO THE RECEPTION DESK OR YOUR DEPARTMENT HEAD. THANK YOU SO MUCH FOR YOUR HELP.

APPENDIX B
PRE-PROGRAM ELDER SURVEY

We would like to invite you to spend some time with the children from the daycare center. If you would enjoy being with the children and sharing a part of yourself with them, please answer the following questions.

1. Do you have any special hobbies or talents?_____

_____

2. What kind of work have you done?_____

_____

3. Do you have grandchildren or great-grandchildren? If yes, what are their ages?_____

4. How often do you see your grandchildren or great-children?
   Frequently_____Infrequently_____

5. Which age group would you enjoy spending time with the most? babies to 15 months_____
   toddlers to 3 years_____
   3, 4, 5 year olds_____

6. What activities would you enjoy doing with these children? (For example, read to them, tell them a story, play games with them, do arts and crafts with them, teach them songs, or other activities)_____

_____

_____

7. Please write your name so we can give you more information.

_____

Thank you for giving us this information. We look forward to sharing some happy and enjoyable times with you.

From the staff of the children's daycare center

APPENDIX C
POST-PROGRAM PARENT SURVEY

Please take a moment to complete this brief survey so that you can help us ascertain the success of our intergenerational program.

1. My child has contact with elderly people at least 3 out of 5 days while at the childcare center.
   Yes_____No_____

2. Do you think these experiences have been beneficial for your child? Yes_____No_____Unsure_____
   Please explain:_____
   _____
   _____

3. Do you see any changes in your child's behavior that you think may be a result of the intergenerational program?
   Yes_____No_____ If yes, please explain_____
   _____
   _____

4. If you have any additional comments or suggestions, please note them below.
   _____
   _____
   _____
   _____
   Name_____

Thank you for giving us this information.

APPENDIX D
POST-PROGRAM ELDER SURVEY

We would very much appreciate your taking a moment to complete this survey so that we may ascertain the success of our intergenerational program.

1. I have contact with children from the childcare center at least 2 out of 5 days.

   Yes_____No_____

2. What kinds of activities have you participated in with the children? _____

   _____

   _____

   _____

3. Do you enjoy being with the children? Yes_____No_____

4. Do you feel this program is beneficial for you? Yes_____

   No_____ Please explain_____

   _____

   _____

   _____

5. Do you have any suggestions to improve the program? If yes, please explain_____

   _____

   _____

   _____

Name_____

APPENDIX E
POST-PROGRAM DIRECTORS AND ADMINISTRATOR SURVEY

Please take a moment to respond to these questions. Your opinion means a great deal to the intergenerational program.

1. Do you believe the program is proving beneficial to the elderly? Yes_____No_____
2. Do you believe the program is proving beneficial to the children? Yes_____No_____
3. Do you believe the intergenerational program has given the center a more homelike, family atmosphere? Yes_____ No_____
4. If you have any suggestions to improve the program, please elaborate.

Name_____